

APPENDIX A-1:
Data Abstraction Tool: Exclusive Breast Milk Feeding (NEWB-1)

INSTRUCTIONS: Hospitals must refer to the appropriate version of data dictionary for abstraction guidelines that apply to this measure. Updated text throughout this tool is marked by the use of the *Emphasis* font style. The capital letters in parenthesis represents the field name that corresponds to the data element name.

1. Provider Name (PROVNAME) _____
2. Provider ID (PROVIDER-ID) _____ (AlphaNumeric)
3. First Name (FIRST-NAME) _____
4. Last Name (LAST-NAME) _____
5. Birthdate (BIRTHDATE) ____ - ____ - ____
6. Sex (SEX)
 - ☐ Female
 - ☐ Male
 - ☐ Unknown
7. Race Code - (MHRACE) (Select One Option)
 - ☐ R1 American Indian or Alaska Native
 - ☐ R2 Asian
 - ☐ R3 Black/African American
 - ☐ R4 Native Hawaiian or other Pacific Islander
 - ☐ R5 White
 - ☐ R9 Other Race
 - ☐ UNKNOW Unknown/not specified
8. Hispanic Indicator- (ETHNIC)
 - ☐ Yes
 - ☐ No
9. Patient ID (i.e. Medical Record Number) (PATIENT-ID) _____
(Alpha/Numeric)
10. Admission Date (ADMIT-DATE) ____ - ____ - ____
11. Discharge Date (DISCHARGE-DATE) ____ - ____ - ____

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12. What is the patient's primary source of Medicaid payment for care provided? (PMTSRCE)

- ☐ 103 Medicaid: Includes MassHealth FFS and MassHealth Limited
- ☐ 104 Medicaid: Primary Care Clinician (PCC) Plan
- ☐ 208 Medicaid Managed Care – Boston Medical Center HealthNet Plan
- ☐ 116, 274 Medicaid Managed Care – Tufts Health Together Plan
- ☐ 118 Medicaid Mental Health & Substance Abuse Plan - Mass Behavioral Health Partnership
- ☐ 119 Medicaid Managed Care - Other (not listed elsewhere)
- ☐ 312 Medicaid: Fallon 365 Care (ACO)
- ☐ 313 Medicaid: Be Healthy Partnership with Health New England (ACO)
- ☐ 314 Medicaid: Berkshire Fallon Health Collaborative (ACO)
- ☐ 315 Medicaid: BMC HealthNet Plan Community Alliance (ACO)
- ☐ 316 Medicaid: BMC HealthNet Plan Mercy Alliance (ACO)
- ☐ 317 Medicaid: BMC HealthNet Plan Signature Alliance (ACO)
- ☐ 318 Medicaid: BMC HealthNet Plan Southcoast Alliance (ACO)
- ☐ 321 Medicaid: My Care Family with Allways Health Partners (ACO)
- ☐ 324 Medicaid: Tufts Health Together with Atrius Health (ACO)
- ☐ 325 Medicaid: Tufts Health Together with BIDCO (ACO)
- ☐ 326 Medicaid: Tufts Health Together with Boston Children's (ACO)
- ☐ 327 Medicaid: Tufts Health Together with CHA (ACO)
- ☐ 328 Medicaid: Wellforce Care Plan (ACO)
- ☐ 320 Medicaid: Community Care Cooperative (ACO)
- ☐ 322 Medicaid: Partners Healthcare Choice (ACO)
- ☐ 323 Medicaid: Steward Health Choice (ACO)
- ☐ 311 Medicaid: Other ACO

13. What is the patient's MassHealth Member ID? (MHRIDNO) _____
(Alpha characters must be upper case)

14. What was the patient's discharge disposition on the day of discharge? (DISCHARGDISP)

(Select One Option)

- ☐ 01 = Home
- ☐ 02 = Hospice- Home
- ☐ 03 = Hospice- Health Care Facility
- ☐ 04 = Acute Care Facility (Review Ends)
- ☐ 05 = Other Health Care Facility (Review Ends)
- ☐ 06 = Expired (Review Ends)
- ☐ 07 = Left Against Medical Advice / AMA
- ☐ 08 = Not Documented or Unable to Determine (UTD)

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15. Is there documentation that the newborn was at term or ≥ 37 completed weeks of gestation at the time of birth? (TRMNB)
- ☐ 1. Yes
 - ☐ 2. No (Review Ends)
 - ☐ 3. *UTD (Review Ends)*
16. Was the newborn admitted to the NICU at this hospital at any time during the hospitalization? (ADMNICU)
- ☐ Yes (Review Ends)
 - ☐ No
17. Is there documentation that the newborn was exclusively fed breast milk during the entire hospitalization? (EXBRSTFD)
- ☐ Yes
 - ☐ No